



# KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

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## APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL INDIVIDUAL

(\*For Post Approval Only)

Individual Licensee/Associate

License/Permit # \_\_\_\_\_

(Please print name) : \_\_\_\_\_  
Last First Middle

Street Address City State Zip Code

Phone Number Email address

### PROGRAM INFORMATION

Sponsoring Entity: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program  
Speaker(s) \_\_\_\_\_

# of CE Hours  
being requested: \_\_\_\_\_

Program Site: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Method of  
Presentation: \_\_\_\_\_

### Please Attach Documentation of the Following to This Application:

\_\_\_\_\_ Timed agenda of program including CEU's, presenters and breaks.

\_\_\_\_\_ Complete bio of each presenter(s) to include education, credentials, and related experience.

\_\_\_\_\_ Published Course or seminar description to include objectives and goals.

When possible, please submit request for approval prior to your renewal date.

Applicant's Signature Date

2018